

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Taro Pharmaceuticals U.S.A. Inc.
Attn: Uday Baldota, CEO
3 Skyline Drive
Hawthorne, NY 10532

Brian Jackiw
Thomas R. Fawkes
Tucker Ellis LLP
233 South Wacker Drive, Suite 6950
Chicago, IL 60606

Taro Pharmaceuticals USA Inc.
Attn: Daphne Huang, CFO
1 Commerce Drive
Cranbury, NJ 08512

Taro Pharmaceuticals USA Inc.
3 Skyline Drive
Hawthorne, NY 10532

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Taro Pharmaceuticals USA, Inc.
Three Skyline Drive
Hawthorne, NY 10532

Taro Pharmaceuticals U.S.A. Inc.
Attn: Daphne Huang, CFO
1 Commerce Drive
Cranbury, NJ 08512

Corporation Service Company,
R/A for Taro Pharmaceuticals USA, Inc.
80 State Street
Albany, NY 12207-2543

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <u>DOND</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Taro Pharmaceuticals USA, Inc. Three Skyline Drive Hawthorne, NY 10532</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <u>2-10</u></p>
<p>2. Article Number (Transfer from service label) <u>7017 2400 0000 3936 6626</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3367 7227 2827 84</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>1. Article Addressed to: Taro Pharmaceuticals U.S.A. Inc. Attn: Daphne Huang, CFO 1 Commerce Drive Cranbury, NJ 08512</p>		<p>B. Received by (Printed Name) <u>DLB C19</u></p>	<p>C. Date of Delivery <u>2/7/22</u></p>
<p>2. Article Number (Transfer from service label) <u>7017 2400 0000 3936 6640</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3367 7227 2828 07</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	
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<p>1. Article Addressed to:</p> <p>Corporation Service Company, R/A for Taro Pharmaceuticals USA, Inc. 80 State Street Albany, NY 12207-2543</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6657</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em;">OSC 2/2/22</p>															
<p>9590 9402 3367 7227 2828 14</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail (over \$500)	
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